

# Youth & Family Activities Sports Registration Form



Check One: Uniform Size

☐ YXS ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM  
☐ AL ☐ AXL ☐ OTHER \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Check One: ☐ Basketball  
☐ Soccer  
☐ Dance

☐ Tae Kwon Do  
☐ Other \_\_\_\_\_

Name of Player: \_\_\_\_\_  
(First) \_\_\_\_\_ (Last) \_\_\_\_\_

(Middle Initial) \_\_\_\_\_

☐ Male ☐ Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Height (approximate): \_\_\_\_\_ Weight (approximate): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

(Work) \_\_\_\_\_ ext. \_\_\_\_\_

Email: \_\_\_\_\_

In **EMERGENCY** notify: \_\_\_\_\_ Phone(C): \_\_\_\_\_

\_\_\_\_\_ Phone(C): \_\_\_\_\_

## Parent's Agreement

1. I hereby certify that \_\_\_\_\_ (**name of participant**) is in normal health and capable of participating safely in the sports program, has health insurance, and that the Youth and Family Activity Center and all other participating agencies are not liable for any accidents while participating in the sports program. I have listed below concerns, health issues, or medicines that the Youth and Family Activity Center should be made aware of while my child participates in the program. \_\_\_\_\_ (**Initials**)

2. Please list any allergies or other medical conditions \_\_\_\_\_

Is your child currently taking medication for any reason? \_\_\_\_\_

3. I hereby grant permission for the Youth and Family Activity Center to take whatever steps necessary to obtain emergency medical care. If you and/or your emergency contacts cannot be reached, any or all of the following will be done:

a.) An ambulance will be called.

b.) The child will be taken to an emergency hospital in the company of a staff member. \_\_\_\_\_ (**Initials**)

4. I understand that any expenses incurred while obtaining emergency medical care will be borne by the child's family. \_\_\_\_\_ (**Initials**)

5. I understand that the goals and objectives of the Youth and Family Activity Center are based upon fun, fair play, skill development and teamwork. \_\_\_\_\_ (**Initials**)

6. I, as parent/guardian, am willing to participate as a volunteer in support of this program.

Check one: ☐ Coach ☐ Assistant Coach

(If you are interested in serving as a coach or an assistant coach please contact the staff for coaching package and training dates)

Special Request: \_\_\_\_\_

(All requests are given full consideration we may not be able to place your child on a specific team in an effort to evenly match participants)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR MWR USE ONLY

Clerk: \_\_\_\_\_

Facility: \_\_\_\_\_

Age Verification: ID, Birth Certificate, Passport Other  
(CIRCLE ONE)

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Placed On Team   Sibling   Parent Coach   Placed On Waiting List   Circle All That Apply   Multiple Family Member Discount